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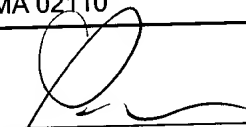
Certificate of Mailing	
Date of Deposit <u>JULY 27, 2000</u>	Label Number: <u>EL509049251US</u>
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<u>Luis Cruz</u> Printed name of person mailing correspondence	 Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	04843/080001
Applicant	Ole Isacson et al.
Title	CELL IMPLANTATION THERAPY FOR NEURODEGENERATIVE DISEASES OR DISORDERS
PRIORITY INFORMATION:	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	23 pages
Claims	3 pages
Abstract	1 page
Drawing	4 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	0 pages

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IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$345	\$345.00
Excess Claims Fee: 11 - 20 x \$9	
Excess Independent Claims Fee: 1 - 3 x \$78/\$39	
Multiple Dependent Claims Fee: \$260/\$130	
Total Fees:	\$345.00
<input checked="" type="checkbox"/> Enclosed is a check for \$345.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
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Signature 	July 27, 2000 Date

\\Ntserver\documents\04843\04843.080001 Utility Patent Application Transmittal & Formal Papers.wpd

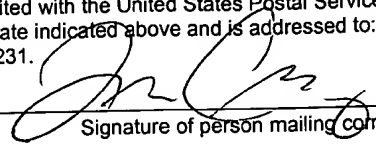
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Luis Cruz
Printed name of person mailing correspondence


Signature of person mailing correspondence

APPLICATION
FOR
UNITED STATES LETTERS PATENT

APPLICANT : OLE ISACSON AND KWANG SOO KIM
TITLE : CELL IMPLANTATION THERAPY FOR
NEURODEGENERATIVE DISEASES OR DISORDERS